MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 10/575761 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	\							51						
2		/		/				52						
3		/		/				53						
4		/		/				54						
5		/		/				55						
6		5		/				56						
7				/				57						
8								58						
9				/				59						
10				/				60						
11				/				61						
12				/				62						
13				/				63						
14				/				64						
15				/				65						
16	1							66						
17								67						
18		1						68						
19		1						69						
20								70						
21								71						
22								72						
23								73						
24								74						
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37								87						
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39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2		1					TOTAL IND.						
TOTAL DEP.	21		14					TOTAL DEP.						
TOTAL CLAIMS	23		15					TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)